County: Dane SUN PRAIRIE HEALTH CARE CENTER 228 WEST MAIN STREET ZZ8 WEST MAIN STREET

SUN PRAIRIE 53590 Phone: (608) 837-5959

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/00): 32

Total Licensed Bed Capacity (12/31/00): 32

Number of Residents on 12/31/00: 32 Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? Indi vi dual Skilled Yes Yes Average Daily Census: 31

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%				
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	%	Age Groups	% 	Less Than 1 Year 1 - 4 Years	18. 8 65. 6
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0. 0	More Than 4 Years	15. 6
Day Servi ces	No	Mental Illness (Org./Psy)	21. 9	65 - 74	0. 0		
Respite Care	No	Mental Illness (Other)	37. 5	75 - 84	28. 1		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	53. 1	****************	******
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & 0ver	18. 8	Full-Time Equivaler	ıt
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	15. 6	65 & 0ver	100. 0	[	
Transportati on	No	Cerebrovascul ar	6. 3			RNs	13. 1
Referral Service	No	Di abetes	0.0	Sex	%	LPNs	5.4
Other Services	No	Respi ratory	3. 1			Nursing Assistants	
Provi de Day Programming for		Other Medical Conditions	15. 6	Male	25. 0	Aides & Orderlies	34. 1
Mentally Ill	No			Female	<b>75.</b> 0		
Provi de Day Programming for			100. 0				
Developmentally Disabled	No				100. 0		
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## Method of Reimbursement

		Medica (Title			Medic Title			0th	er	P	rivate	Pay	 I	Manageo	d Care		Percent
			Per Die	m		Per Die	m		Per Die	m		Per Diem	1	Ŭ	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	ŏ	0. 0	\$0.00		00. 0	\$98. 07	ŏ	0. 0	\$0.00	20		\$140.00	ŏ	0. 0	\$0.00	32	100. 0%
Intermediate				0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain In	. 0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depende	nt 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	0	0.0		12 1	00.0		0	0.0		20	100.0		0	0.0		32	100.0%

Admissions, Discharges, and Deaths During Reporting Period Percent Admissions from: Private Home/No Home Health 20.0

Percent Distribution of Residents'	Condi ti ons,	Servi ces,	and Activities	as of	12/31/00	

Deaths During Reporting Period							
				9/	Needi ng		Total
Percent Admissions from:		Activities of	%	Ass	sistance of	% Totally	Number of
Private Home/No Home Health	20.0	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	0. 0	Bathi ng	<b>0.</b> 0		87. 5	12. 5	32
Other Nursing Homes	0. 0	Dressi ng	3. 1		84. 4	12. 5	32
Acute Care Hospitals	<b>75.</b> 0	Transferri ng	31. 3		53. 1	15. 6	32
Psych. HospMR/DD Facilities	0.0	Toilet Use	6. 3		68. 8	25. 0	32
Reĥabilitation Hospitals	0. 0	Eating	<b>56</b> . 3		40. 6	3. 1	32
Other Locations	5.0	******************	*********	******	******	*******	*******
Total Number of Admissions	20	Conti nence		%	Special Trea		%
Percent Discharges To:		Indwelling Or Extern		6. 3		Respiratory Care	6. 3
Private Home/No Home Health	5. 6	Occ/Freq. Incontinen		84. 4		Tracheostomy Care	0. 0
Private Home/With Home Health	0.0	Occ/Freq. Incontinen	nt of Bowel	53. 1		Suctioning of	0. 0
Other Nursing Homes	0. 0	_			Recei vi ng	Ostomy Care	0. 0
Acute Care Hospitals	<b>55. 6</b>	Mobility			Recei vi ng	Tube Feeding	0. 0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0. 0	Recei vi ng	Mechanically Altered	Diets 37.5
Reĥabilitation Hospitals	0. 0						
Other Locations	0.0	Skin Care				ent Characteristics	
Deaths	38. 9	With Pressure Sores		0. 0		ce Directives	100. 0
Total Number of Discharges		With Rashes		0.0	Medi cati ons		
(Including Deaths)	18				Recei vi ng	Psychoactive Drugs	<b>62</b> . 5
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		Ownershi p:		Bed	Bed Size:		Li censure:		
	Thi s			Unde	Under 50		Skilled		
	Facility	acility Peer Group		Peer	Peer Group		Peer Group		lities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	96. 9	82. 5	1. 17	87. 9	1. 10	84. 1	1. 15	84. 5	1. 15
Current Residents from In-County	100	83. 3	1. 20	72. 9	1. 37	83. 5	1. 20	77. 5	1. 29
Admissions from In-County, Still Residing	30. 0	19. 9	1. 51	31. 0	0. 97	22. 9	1. 31	21. 5	1.40
Admi ssi ons/Average Daily Census	64. 5	170. 1	0. 38	70. 7	0. 91	134. 3	0.48	124. 3	0. 52
Discharges/Average Daily Census	58. 1	170. 7	0. 34	76. 4	0. 76	135.6	0.43	126. 1	0.46
Discharges To Private Residence/Average Daily Census	3. 2	70. 8	0. 05	14. 6	0. 22	<b>53. 6</b>	0.06	49. 9	0.06
Residents Receiving Skilled Care	100	91. 2	1. 10	86. 1	1. 16	90. 1	1. 11	83. 3	1. 20
Residents Aged 65 and Older	100	93. 7	1. 07	97. 8	1.02	92. 7	1.08	87. 7	1. 14
Title 19 (Médicaid) Funded Residents	37. 5	62. 6	0. 60	<b>59.</b> 8	0. 63	63. 5	0. 59	69. 0	0. 54
Private Pay Funded Residents	62. 5	24. 4	2. 56	37. 1	1.68	27. 0	2. 31	22. 6	2.77
Developmentally Disabled Residents	0. 0	0.8	0.00	1.4	0.00	1. 3	0.00	7. 6	0.00
Mentally III Residents	<b>59</b> . <b>4</b>	30. 6	1. 94	36. 6	1. 62	37. 3	1. 59	33. 3	1. 78
General Medical Service Residents	15. 6	19. 9	0. 78	13. 0	1. 20	19. 2	0. 81	18. 4	0.85
Impaired ADL (Mean)	48. 1	48. 6	0. 99	<b>50</b> . <b>6</b>	0. 95	49. 7	0. 97	49. 4	0. 97
Psychological Problems	62. 5	47. 2	1. 33	63. 4	0. 99	50. 7	1. 23	50. 1	1. 25
Nursing Care Required (Mean)	5. 5	6. 2	0. 89	8. 0	0. 68	6. 4	0.85	7. 2	0. 76